I024599

Bayer CropScience

October 31, 2012

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of September 2012

Dear Sir/Madam:

Bayer CropScience
RTP
P. O. Box 12014
RTP, NC 27709
Tel. 919 549-2000

Reportable incidents accumulated for the month of September 2012 for Bayer CropScience and Bayer Environmental Science are attached.

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information does not necessarily constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

We appreciate the extra time to properly process these reports granted by EPA. If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

S. Gerret Van Duyn

Gerret Van Duyn
Compliance Manager
State Regulatory and Documentation Services
919-549-2914

CC: AE Coordinator, CA Department of Pesticide Regulation
Jeanine Broughel, NY Department of Environmental Conservation

/attachment

Personal privacy information

-001

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. ***10/31/2012***	Contact person (if different than reporter)	Internal ID ***1036302***
	Address [redacted]		Address	
			Phone #	
	Incident Status: ***New***	Location and date of incident ***Wills Point, TX USA 09/04/2012***	Date registrant became aware of incident. ***09/05/2012***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s)	A.I. (s)
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

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Brief description of incident circumstances.

Ferguson, Anna Sep 5 2012 8:41AM
Hx: Caller states that yesterday afternoon, he sprayed the product all about the interior perimeter of his home. His 19 yo daughter was coming and going from the house at the time, crossing the product-treated threshold in flip-flop shoes. Within about 1-2 hrs, daughter showed him itchy hives on her elbows and slight swelling in her hands. She has washed her skin, as she was unsure of whether she touched the product. Sx currently persist. She will be seen by MD shortly. Caller mentioned that daughter has been taking amoxicillin as prescribed by dentist for 4-5 days.

A: The product may be irritating to the skin on contact, but is not expected to affect areas that it does not touch. Allergy to the product is possible. Bring product information with you and have your doctor contact us using your case reference number if more information or consultation is needed.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 19 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Unknown route</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
2 hrs or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-unknown disposition</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Edema/Swelling
Dermatological-Hives/Welts
Dermatological-Pruritus (itching)</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1036302</td></tr>
</table>

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Personal privacy information

-005

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. ***10/31/2012***	Contact person (if different than reporter)	Internal ID ***1042584***
	Address [redacted]		Address Phone #	
	Incident Status: ***New***	Location and date of incident ***Benton, AR*** ***USA*** ***09/10/2012***	Date registrant became aware of incident. ***09/17/2012***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s)	A.I. (s)	
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information
Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Brief description of incident circumstances.

Nordaune, Abby Sep 17 2012 7:17AM
Hx: Caller as a Home Depot employee calling on behalf of a customer. Call transferred to customer who states the product was sprayed in her home by a PCO while she was there and watching the operator on 9/10/12. She states she saw him spray the product into the vents underneath her home. She stayed away that night and the following night on 9/11/12 and returned home on the day of 9/12/12 to get clean clothes. She states she opened the dryer to get clean clothes out of it, brought them near her face and noticed they smelled strangely. She states that within 15min of doing so she developed what she describes as a huge, red blister on her face and became disoriented. She drove herself 4blocks to the hospital, they ran blood tests and a number of different tests (she cannot specify what they were) and she states they 'flushed' her out with a saline solution and ativan by IV as well as gave her a shot of prednisone. It is unclear what the results of her blood tests were. She was kept for 6hrs and released to someone else who could drive. She was prescribed a course of prednisone. She was advised to f/u with her primary MD, who has been out of town but is now back. Caller states she is out of prednisone, but has an appointment with her MD this morning. Caller states a company called the CADC was at her home the week prior to exposure to seal cracks and crevices and so she does not believe the product could have come through the cracks in her home. Caller also states that last year she had a problem with moisture in her home and had it sealed to protect from moisture. Caller would like to know exactly how far into her home the product has dispersed, what she needs to clean (drapes, carpet, clothing, hard surfaces), and how to clean her home. She states her sister's are planning to go to her home today to clean with vinegar. Call transferred back to Home Depot employee, [redacted] who would like to know how to file an insurance claim and states that he has started the insurance claim process through his store prior to the call.

A: This information will be documented and reported to the company for further review. Agreed with MD f/u for sxs and consulting with CS during normal business hours for specific clean up instructions. We cannot determine how far the product has been dispersed throughout your home or if an exposure has truly occurred. The product can cause transient skin irritation when the wet product comes into contact with skin, but would not be expected to create blistering or disorientation. Provided caller with case # and told him to give to [redacted] Advised that she bring case # to her f/u and advise the MD as to what has occurred and what product was used. Rec. MD cb with further questions or concerns 24/7 prn.

*****Sister's phone which [redacted] may be reached at is: [redacted] Primary # provided is store phone and alternate is her home phone.***
* * * * * * * * * * * * * * * * * *
Yeager, Greg Sep 19 2012 1:39PM
Attempted CB. Left a message requesting follow up. Reset.
* * * * * * * * * * * * * * * * * *
Yeager, Greg Sep 20 2012 9:31AM
Attempted CB. Left a message requesting follow up.
* * * * * * * * * * * * * * * * * *
LeMaster, Steve Sep 25 2012 9:41AM
notified client

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***75 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***Unable to determine***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***ER/Hospital-treated & released***	List signs/symptoms/adverse effects ***Dermatological-Bullae/Blisters*** ***Dermatological-Erythema/Flushed*** ***Neurological-Confusion***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1042584

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-006

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]		Submission date. ***10/31/2012***	Contact person (if different than reporter)	Internal ID ***1042720***
	Address [redacted]			Address Phone #	
	Incident Status: ***New***	Location and date of incident ***Lombard, IL*** ***USA*** ***Unknown***		Date registrant became aware of incident. ***09/17/2012***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***		A.I. (s)		A.I. (s)
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? ***No***		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation		Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Unknown***		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***				

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Brief description of incident circumstances.

Ferguson, Anna Sep 17 2012 11:03AM
CRC transfer

Hx: Caller uses the product in his home annually, with no problems in the past. About 1 wk ago, he applied it to his baseboards and hot water pipes. He does not recall getting the wet product on his skin. About 2 days later, he developed itchy welts all over his body. On 2 fingers, he has white spots that resemble blisters. He also developed swelling in his lip, but used mouthwash, and this has improved. He showers daily and has been applying Calamine lotion with relief of itch.

A: Given the means of exposure and timeline, it is unlikely that the product would be causing the problem. Recommend seeking medical attention to r/o other possible causes. In the meantime, consider washing treated areas with soap and water and ventilating the premises. Bring product information with you and have your doctor contact us using your case reference number if more information or consultation is needed.
****
Yeager, Greg Sep 24 2012 2:43PM
Attempted CB. Left a message requesting follow up. Reset.
****
Yeager, Greg Sep 25 2012 10:10AM
Attempted CB. Left a message requesting follow up.

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 89 Year(s) Sex: Male
Occupation (if relevant)
NA</td><td>Exposure route:
Unknown route</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
Sporadic onset of multiple symptoms</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
None</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Bullae/Blisters
Dermatological-Edema/Swelling
Dermatological-Hives/Welts
Dermatological-Pruritus (itching)</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1042720</td></tr>
</table>

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-008

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. ***10/31/2012***	Contact person (if different than reporter)	Internal ID ***1045820-1***
	Address [redacted]		Address Phone #	
	Incident Status: ***New***	Location and date of incident ***Bedford, VA*** ***USA*** ***09/22/2012***	Date registrant became aware of incident. ***09/22/2012***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s)	A.I. (s)
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

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Brief description of incident circumstances.

Lee, Janice Sep 22 2012 5:44PM
The caller, self, reports that she sprayed the Home Pest plus Germ Killer product up to 12 inches of an area in her house about 4 hours ago. The caller notes having a 'gagging' sensation and spitting up thick, brown mucus immediately after the exposure. The caller reports vomiting twice, feeling 'clammy' and feeling 'sweaty' since the exposure. The caller notes ventilating the exposed area and getting some fresh air. The caller denies having a difficulty in breathing. The caller notes having Sarcoidosis ('lung disease') as one of her medical conditions. The caller is wondering if this is a concern.

The caller states that she does not own her own phone number. Therefore, she states that she is providing us with her son's phone number in case of follow up.

A: This product is an irritant. If exposed by inhalation, it may cause moderate irritation to the respiratory tract. It is unusual for this product to cause the symptoms described, including thick, brown mucus and feeing 'sweaty'. It is unclear whether the symptoms described above are associated with the product because of her baseline condition of Sarcoidosis. I recommended the caller to visit a local emergency room to follow up today. I provided the case number. If any additional questions, call back as needed.
****
Yeager, Greg Sep 24 2012 4:39PM
Attempted CB. Left a message requesting follow up. Reset.
****
Yeager, Greg Sep 25 2012 10:46AM
Attempted CB. Left a message requesting follow up.
****
Keyler, Courtney Oct 1 2012 1:43PM
CB: Caller states on 9/22/12 she called her pharmacist who told her to go see MD. MD stated he is unsure of what happened and what would be the cause and d/c her. Caller states on 9/23/12 her sxs were still present so she called 911 and was taken to ER. Caller was admitted until 9/27/12. Caller states the MD still did not know what was going on. Caller also states that her dog vomited on 9/22/12 right when her sxs began to develop. Dog vomited once and then was okay the rest of the week.

A: Notes will be updated. Rec to keep f/u with MD until sxs have resolved. Have MD call if they have any questions. Gave case # to caller again.

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 65 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Unknown route</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
No</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
30 min or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
ER/Hospital-Unknown disposition</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Gastrointestinal-Emesis/Vomiting
Miscellaneous-Sweating/Diaphoresis
Miscellaneous-Excess secretions
Miscellaneous-Malaise</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1045820-1</td></tr>
</table>

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Personal privacy information

-010

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. ***10/31/2012***	Contact person (if different than reporter)	Internal ID ***1049530***
	Address [redacted]		Address Phone #	
	Incident Status: ***New***	Location and date of incident ***Dewey, OK*** ***USA*** ***Chronic: >8hrs <= 24 hrs***	Date registrant became aware of incident. ***09/29/2012***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s)	A.I. (s)	
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? ***Yes*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

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Brief description of incident circumstances.

Keyler, Courtney Sep 29 2012 4:30PM
Hx: Caller states he was using product under his deck for 2 hours, 20 minutes ago. Caller states he did not feel affected by product until he exited from under the deck where there was no ventilation. Caller states he developed difficulty breathing, throat irritation, spitting up blood, headache, swelling in the mouth and his muscles are aching.

A: We would not anticipate any significant s/sxs to develop from use of product. However using product in a non-ventilated area for prolong period of time, you may develop non -specific sxs i.e respiratory irritation, headache, coughing, dizziness. Due to the significant effects, we would rec to go to ED for further evaluation and tx. Have MD call if they have any questions. If you have any other questions or concerns please callback 24/7. Gave case #
****
Yeager, Greg Oct 1 2012 11:46AM
Attempted CB. Left a message requesting follow up. Reset.
****
Yeager, Greg Oct 2 2012 12:14PM
Attempted CB. Left a message requesting follow up.

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 26 Year(s) Sex: Male
Occupation (if relevant)
NA</td><td>Exposure route:
Unknown route</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
2 hrs or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
ER/Hospital-Unknown disposition</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Gastrointestinal-Throat Irritation
Miscellaneous-Muscle pain/myalgia
Neurological-Headache
Respiratory-Dyspnea/Shortness of Breath
Respiratory-Hemoptysis
Gastrointestinal-Oropharyngeal edema</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Chronic: >8hrs <= 24 hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1049530</td></tr>
</table>

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